

## BENEFICIARY DESIGNATION FORM

Calhoun County Retirement Savings Plan

Plan #:

### EMPLOYEE INFORMATION *(please print)*

Name:	SS#:
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Your Plan account is payable to your beneficiary if you die. If you are married, your primary beneficiary is automatically your spouse, unless your spouse consents in writing to the designation of a different beneficiary. Your secondary beneficiary(ies) will receive your benefit if your primary beneficiary is not alive at the time of your death. If you are not married and you fail to designate a beneficiary, the Plan Administrator will, in the event of your death, identify your beneficiary in accordance with the terms of the Plan.

Please attach a second form if you wish to name more than one primary or more than two secondary beneficiaries.

### PRIMARY BENEFICIARY

Name:		SS#:
Address:		
City:	State:	Zip:
Date of Birth:		Relationship:*

### SECONDARY BENEFICIARY (IES)

Name:	Percentage:	SS#:
Address:		
City:	State:	Zip:
Date of Birth:		Relationship:*

Name:	Percentage:	SS#:
Address:		
City:	State:	Zip:
Date of Birth:		Relationship:*

### \* SPOUSAL CONSENT

*This section must be completed by your spouse if you are married and your designated primary beneficiary is not your spouse.*

I understand that by signing this form I am waiving my rights as beneficiary of any payments due from the Plan and that I am consenting to the designation of beneficiary(ies) named above. I further understand that this election is irrevocable unless my spouse revokes the designation of the beneficiary(ies) named above and appoints me as primary beneficiary.

\_\_\_\_\_  
SPOUSE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS (AUTHORIZED PLAN REPRESENTATIVE OR NOTARY)

\_\_\_\_\_  
DATE

### AUTHORIZATION

You may amend or revoke your designation at any time by filing another copy of this form. The most recently dated form will always apply (as long as it is witnessed, if applicable).

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLAN ADMINISTRATOR'S SIGNATURE

\_\_\_\_\_  
DATE

**FOR PLAN SPONSOR USE ONLY : DO NOT SEND THIS FORM TO MERRILL LYNCH.**